

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013751

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 22

FILED APR 4 1962

VS 300  
Rev. 4/59

6970

20540

3

4 0

5 1

6

7 0

8 2

9157X

10

11

123-0

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

SALINE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SWEET SPRINGS

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LAFAYETTE

c. CITY

OR TOWN CONCORDIA

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS

1/4 MI EAST

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FRED

H.

DROEGE

## 4. DATE OF DEATH

Month

Day

Year

MARCH 26

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

JAN. 25, 1907

## 9. AGE (last birthday)

55

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

## 10b. KIND OF BUSINESS OR INDUSTRY

GEN. FARMING

## 11. BIRTHPLACE (City and state or country)

CONCORDIA, MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

PETER DROEGE

## 13b. MOTHER'S MAIDEN NAME

WILHELMINA REHNOP

## 14. NAME OF HUSBAND OR WIFE

OLGA DROEGE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

MRS OLLA DROEGE

## Address

CONCORDIA, MO

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of pancreas with metastases to liver and brain

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 9, 1949, to Mar 26, 1962 and last saw him alive on Mar 26, 1962

Death occurred at 8:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

H. Moseley MD

(Degree or title)

## 22b. ADDRESS

Concordia, Mo

## 22c. DATE SIGNED

3/26/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

Mar. 28, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

BETHEL

## 23d. LOCATION (City, town, or county)

CONCORDIA

## (State)

MO

## 24. FUNERAL DIRECTOR

E. A. [REDACTED]

## ADDRESS

Concordia, Mo

## 25. DATE RECD. BY LOCAL REG.

March 28, 1962

## 26. REGISTRAR'S SIGNATURE

Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DEC 13 1962  
APR 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by ~~that~~ ME, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. S. Janner

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.